	_		- 1					
C	erem	on	ial	Role	<b>Events</b>	and	Ticket/Pass	<b>Distributions</b>

Δ	Pi	ıЫ	ic	Dog	· i i m	ent

	Agency Name				Date Stamp	California QQ2
	Los Angeles County					Form OUZ
Ī	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Fourth District, Board of Su	pervisors				
	Designated Agency Contact (					
	Nancy Herrera, Ticket Admi	nistrator				7) 5 4 5 10 5 16 h
	Area Code/Phone Number	E-mail		,-	Amendment (Must P	rovide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.lac	ounty.gov		Date of Original Filing: .	(month. day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	23.00
	Event Description: Mozart			oate(s)	, 06 , 22	
	Ticket(s)/Pass(es) provided	Provide Title/ Exp	anation II	no: Hollywo	od Bowl	
	ricket(s)/Fass(es) provided	by agency: Tes	I NO III	110.	Name of Source	
1	Was ticket distribution made	at the behest Yes	□ No ■ H	yes:	Official's Name (Last, First)	
	of agency official?				Uiliciai s ivamė (Last, First)	
	Use Section A to identify the agen     Name of Agency, Department		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Board of Supervisors		4	Pursuant to	Ticket Policy Sec. 5.3	
		vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:
	B. Name of Indi	st)				
	B. Name of Indi (Last, Firs	st)	Passes		nonial Role Other Image "Ceremonial Role" or "Other" des	Income [
		st)		If check Ceren		cribe balaw.
		rganization		If check	ing "Ceremonial Role" or "Other" des	cribe balaw.
\	Name of Outside O	rganization	Number of Ticket(s)/	If check	ing "Ceremonial Role" or "Other" des	Income
1	C. Name of Outside Or (include address and	rganization description)	Number of Ticket(s)/	Ceren If check Describe th	ing "Ceremonial Role" or "Other des	Income Income
1	C. Name of Outside On (include address and Verification	rganization description)	Number of Ticket(s)/ Passes	Ceren If check Describe th	ing "Ceremonial Role" or "Other des	Income Income
/	C. Name of Outside On (include address and Verification	rganization description)  PC Regulations 1894  Nancy Herre	Number of Ticket(s)/ Passes	Ceren If check Describe th	ing "Ceremonial Role" or "Other descending Role Other or "Other descing "Ceremonial Role" or "Other descending "Ceremonial Role" or "Ceremonial Rol	Income In

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name			Date Stamp	California 802	
	Los Angeles County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Fourth District, Board of Sup	pervisors				
	Designated Agency Contact (	Name, Title)				
	Nancy Herrera, Ticket Admi	inistrator			Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	·
	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing:	(month. day, year)
2.	Function or Event Infor	mation				00.00
	Does the agency have a tick		Each Ticket/Pass \$ _	23.00		
	Event Description: Mozart L	Inder the Stars	, 06 , 22	1 1		
	Event Description.	Provide Title/ Explai				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Hollywo				Name of Source	
	Was ticket distribution made at the behest Yes ☐ No ■ If yes:					
	of agency official?	e at the benest Yes [	_ No ■ '	1 yes	Official's Name (Last. First)	
	or agoney emolar.					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	al. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
			1 40000			
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
				1	onial Role Other ing "Ceremonial Role" or "Other" de	
				Cerem	onial Role Other	Income
				If check	ing "Ceremonial Role" or "Other" de	scribe below
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy	
	Torrance Kiwanis Club		10	Pursuant to	Pursuant to Ticket Policy Sec. 5.3 (i)	
	818 Manhattan Beach Blv	d Ste 200,Manhatta		Serving the	Children of the War.	
4	Verification		1			
т.	I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified to	hat the distribution set fo	orth above. is in accordance
7	Vanna Hem	Nancy Herrer	а	Ticke	t Administrator	10/6/2022
1	Signature of Agency Head or Design	ee Pr	int Name		Title	(month. day. year)
	Comment:					+

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3) Area Code/Phone Number Date of Original Filing: \_ (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ . Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Tchaikovsky Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: \_ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes** Palos Verdes Penninsula Land Conservacy 35 Pursuant to Ticket Policy 5.3(i) 916 Silver Spur Rd. #207 Rolling Hills Estates Preserve land & restore habitat 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18	942. I have verified that the distribution set forth at	bove, is in accordance
with the requirements.		
Manay Herrera	Ticket Administrator	10/6/2022

11 My July Un	ancy neirera	Ticket Administrator	10/0/2022
Signature of Agency Feed or Designee	Print Name	Title	(month. day, year)
( )			
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Q02 Date Stamp

	Los Angeles County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Fourth District, Board of Sup	<u>'</u>		····		
	Designated Agency Contact					
	Nancy Herrera, Ticket Admi	inistrator E-mail			Amendment (Must Pro	ovide Explanation in Part 3)
	(213) 974-4444	nherrera@bos.lacc	unty gov		Date of Original Filing: _	
_	· · · · · · · · · · · · · · · · · · ·		diffy.gov		3	(month. day, year)
2.	Function or Event Infor	mation				35.00
	Does the agency have a tick		■ No 🗆 F	ace Value of	Each Ticket/Pass \$	33.00
	Event Description: Pink Mai	rtini		Date(s)		
		Provide Title/ Explai	nation	f no: Hollywo	ood Bowl	
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No ■ I	1110.	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	at the behest Yes [	□ No 🔳	f yes:	Official's Name (Last, First)	
	of agency official?				Omelor & Name (East, 7 nat)	
3.	Recipients					
٥.	Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individu	ual. Use Section C to identify	an outside organization.
	Salas Sa		Number	B		
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			6	Pursuant to	Ticket Policy Sec. 5.3(	K)
	Board of Supervisors		Ů,			
			Number			
	B. Name of Indi		of Ticket(s)/		Identify one of the fo	llowing:
	(1001, 7 110	547	Passes	Cerem	nonial Role Other	Income 🗌
				1	ung "Ceremonial Role" or "Other" desc	
				Cerem	nonial Role Other	Income _
				If check	sing "Ceremonial Role" or "Other" desc	ribe below.
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	e public purpose made pursi	uant to the agency's policy
	(include address and	description)	Passes			
<u></u>	Verification					
Ψ.	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance
7	Impo Humel	Nancy Herrer	а	Ticke	et Administrator	10/6/2022
1	Signature of Agency Head or Design		int Name		Title	(month, day year)
	Samuel 1					_
	Comment:					<u>+</u> .

C	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	A Public Document	
1.	Agency Name				Date Stamp	California 802
	Los Angeles County					Form OUZ For Official Use Only
	Division, Department, or Reg					To onotal osc only
	Fourth District, Board of Supposing Agency Contact	·				
	Nancy Herrera, Ticket Admi					
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing: .	(month. day, year)
2.	Function or Event Infor	mation				05.00
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	35.00
	Event Description:			Date(s)	14	
		Provide Title/ Explai	nation	no: Hollywo		
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No ■	no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes[	□ No 🔳 If	yes:	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. •	,	dentify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, First	st)	Passes			
				1	nonial Role Other Many "Ceremonial Role" or "Other" des	·
				1	nonial Role Other ching "Ceremonial Role" or "Other" des	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Rotary Club of Lakewood		50	Pursuant to	Ticket Policy Sec. 5.3	(i)
	P.O. Box 367 Lakewood, 0	CA 90714		Delivering s	ervice to the communi	ty through action & eng
4.	Verification					
	I have read and understand FP	PC Regulations 18944.	1 and 18942.	l have verified t	hat the distribution set fo	rth above, is in accordance
n	man Here	Nancy Herrer		Ticke	et Administrator	10/6/2022
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month. day. year)
	Comment:					+

_	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	<b>Public Document</b>
1.	Agency Name	, v			Date Stamp	California 802
	Los Angeles County					101111
	Division, Department, or Reg					For Official Use Only
	Fourth District, Board of Su	·				
	Designated Agency Contact					
	Nancy Herrera, Ticket Adm Area Code/Phone Number				Amendment (Must P	rovide Explanation in Part 3.)
	(213) 974-4444	E-mail nherrera@bos.laco	unty gov		Date of Original Filing: .	
		<u> </u>	anty.gov			(month, day, year)
2.	Function or Event Infor					25.00
	Does the agency have a tick				Each Ticket/Pass \$	
	Event Description: Lang La	ng		ate(s)	<u>, 15 , 22 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Explant by agency? Yes [	ood Bowl			
	rioket(a)// ass(as) provided	by agency: Test	Name of Source			
	Was ticket distribution made	at the behest Yes [	□ No 🔳 If	yes:	Official's Name (Last. First)	
	of agency official?					
3.	Recipients		Una Caralina Dan I	1000000 t_ alt. t.al.	Alex Continu Continues	
	Use Section A to identify the ager	ncy's department or unit.	Number	entity an individi	ual. Use Section C to Identify	y an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	Board of Supervisors		14	Pursuant to	Ticket Policy Sec. 5.3	(k)
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	(200, 7 ).		rasses	I .	nonial Role Other king "Ceremonial Role" or "Other" des	Income Income
				1	nonial Role Other king "Geremonial Role" or "Other" des	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification			I		
	I have read and understand FF	PPC Regulations 18944.	1 and 18942.	have verified t	that the distribution set fo	rth above, is in accordance
_	Manera Herri	Nancy Herrer	a	Ticke	et Administrator	10/6/2022
	Signature of Agency Head or Design		int Name		Title	(month. day. year)

+

Ceremonial Role Ever	nts and Ticket/P	ass Distr	ibutions	Α	<b>Public Document</b>
1. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ For Official Use Only
Division, Department, or Reg					For Official Use Offiy
Fourth District, Board of Su	•				
Designated Agency Contact					
Nancy Herrera, Ticket Adm Area Code/Phone Number	inistrator E-mail			Amendment (Must P	rovide Explanation in Part 3.)
(213) 974-4444	nherrera@bos.laco	ountv.gov		Date of Original Filing: .	
					(month, day, year)
2. Function or Event Info					25.00
Does the agency have a tic				Each Ticket/Pass \$	
Event Description: Lang La	Provide Tille/ Expla	notion [	Date(s)	<u>/ 15 / 22 </u>	
Ticket(s)/Pass(es) provided	•	□ No ■ □	f no: Hollywo	ood Bowl	
, , , , , ,	, ,			Name of Source	
Was ticket distribution mad	e at the behest Yes [	□ No 🔳 「	f yes:	Official's Name (Last First)	
of agency official?					
3. Recipients	_				
• Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		Number			
B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1	nonial Role Other or Other des	Income [
				nonial Role Other cing "Ceremonial Role" or "Other" des	Income L
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
Walnut Park Elementary	School	50	Pursuant to	Ticket Policy Sec. 5.3	(i)
2642 East Olive st. Walnu	ıt Park, CA 90255		It takes a co	ommunitiy to raise a ch	ild.
I. Verification		•	•		
I have read and understand FF with the requirements	PPC Regulations 18944	.1 and 18942.	l have verified t	that the distribution set fo	rth above, is in accordance
non Herro	Nancy Herrer	a	Ticke	t Administrator	10/6/2022
Signature of Agency Head or Design	Pree Pr	int Name		Title	(month. day. year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California **8** Date Stamp Los Angeles County

	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Fourth District, Board of Su					
	Designated Agency Contact					2
	Nancy Herrera, Ticket Adm					
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing:	(month_day, year)
2.	Function or Event Infor	mation				05.00
	Does the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	25.00
	Event Description: Lang La	ng  Provide Title/ Explai	nation	Date(s)	, 15 , 22	
	Ticket(s)/Pass(es) provided		nalion □ No ■ □	f no: Hollywo	ood Bowl	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~, againay. 100 [	. , , , ,		Name of Source	
	Was ticket distribution made	at the behest Yes [	□ No 🔳 「	f yes:	Official's Name (Last. First)	
	of agency official?				Onicial 3 Ivanie (Eddi. 1 Iral)	
_	Deciniento					
3.	Recipients  • Use Section A to identify the agen	cv's department or unit	Lisa Saction R to	idantify an individu	ual Hea Section C to identify	an outrido arganization
	ose section A to identify the agen	icy's department or diffe.	Number	T T T T T T T T T T T T T T T T T T T	al. Ose section C to identify	an outside organization.
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/	Describe th	e public purpose made pursu	ant to the agency's policy
			Passes			Regional Laboratoria de la Constancia de
			Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the fol	lowing:
				Cerem	onial Role Other	Income
					ing "Ceremonial Role" or "Other" descr	
				Cerem	onial Role Other	Income
				1	ing "Ceremonial Role" or "Other" descr	
	Name of Outside O	rganization	Number	D		
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
	Peninsula Seniors		10	Dumay and to	Tielest Delieu E 2/i)	
	Perinsula Seniors		10	Pursuant to	Ticket Policy 5.3(i)	
	602 Deep Valley Dr. Ste.3	10 Rolling Hills Estr		Fosters soc	ial interaction & suppor	ts independance.
	3.7 · P* 4.*					
ŀ.	Verification	no n				
1	I have read and understand FP with the requirements	PC Regulations 18944.	.1 and 18942.	I have verified t	hat the distribution set fort	h above, is in accordance
X	man Herrer	Nancy Herrer	a	Ticke	t Administrator	10/6/2022
V	Signature of Agency Head or Design	ee Pr	int Name		Title	(month. day. year)
	Comment:					<b>F</b>

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	eremonial Role Even Agency Name				Date Stamp	Public Document
•	Los Angeles County				Bate Glamp	Form 802
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Fourth District, Board of Su					
	Designated Agency Contact				-	
	Nancy Herrera, Ticket Adm	inistrator			Amandanan (Mari	La de Carta
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.lace	ounty.gov		Date of Original Filing: .	(month. day, year)
	Function or Event Infor	mation	· · · · · ·			25.00
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	25.00
	Event Description: Lang La	ng		ate(s)	, 15 , 22	
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes	anation No 🔳 🏻 If	no: Hollywo	ood Bowl	
	Troket(5)/1 d65(65) provided	by agency: Tes	□ 140 ■ "	110,	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
	Recipients					
	Use Section A to identify the ager	ncy's department or unit.	Number	Tentify an individ	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Indi (Lest, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				l .	nonial Role Other Missing "Ceremonial Role" or "Other" des	
					nonial Role Other Ching "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	School Community Club		50	Pursuant to	Ticket Policy Sec. 5.3	(i)
	333 S. Beaudry Ave. LA, 0	CA 90017		Embracing	our diversity to educate	e L.A.'s Youth.
	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	have verified	that the distribution set fo	orth above, is in accordance
/	non Hen	Mancy Herre	ra	Ticke	et Administrator	10/6/2022
1	Signature of Agency Head or Design	ee P	rint Name		Title	(month. day. year)
	Comment:					

. Agency Name		Date Stamp California O O O			
Los Angeles County		Date Stamp	Form 802		
Division, Department, or Regi	on (if applicable)		For Official Use Only		
Fourth District, Board of Sup					
Designated Agency Contact (					
Nancy Herrera, Ticket Admir					
Area Code/Phone Number			Amendment (Must F	Provide Explanation in Part 3)	
(213) 974-4444	nherrera@bos.lacounty.gov			Date of Original Filing:	
. Function or Event Inforr	nation				
Does the agency have a tick	et policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	31.00
, , , , , , , , , , , , , , , , , , ,				<u></u>	1 1
Event Description.	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Holly					
1886 - P. C. W. P. 1896 - P. 1897 - 1897	- ( ) ( ) ( ) ( ) ( ) ( )		fuce	Name of Source	
Was ticket distribution made of agency official?	at the benest Yes	J No ■ ¹	f yes:	Official's Name (Last. First)	
or agency official?					
A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made pur	suant to the agency's policy
data-ray no.		Passes			
B. Name of Indiv		Number of Ticket(s)/		Identify one of the f	ollowing:
B. Name of Indiv (Last, Firs		Number	1	Identify one of the formal Role Other Making "Ceremonial Role" or "Other" de	Income
<b>₩</b> ,		Number of Ticket(s)/	If check	nonial Role Other	Income scribe below.
<b>₩</b> ,	ganization	Number of Ticket(s)/	If checi	nonial Role Other Many "Ceremonial Role" or "Other" de nonial Role Other Ceremonial Role or "Other" de king "Ceremonial Role" or "Other" de	Income Scribe below.
(Last, Firs	ganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If check  Describe th	nonial Role Other Many "Ceremonial Role" or "Other" de nonial Role Other Ceremonial Role or "Other" de king "Ceremonial Role" or "Other" de	Income scribe below.
C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If checi	nonial Role Other hand "Ceremonial Role" or Other de cononial Role Other cononial Role or Other de cononial Role or Other	Income scribe below.
C. Name of Outside Ord (include address and Community Development	ganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If checi	nonial Role Other hand "Ceremonial Role" or Other de cononial Role Other cononial Role or Other de cononial Role or Other	Income scribe below.  Income scribe below.  Suant to the agency's policy  (i)

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(month. day. year)

Comment

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: \_ (213) 974-4444 nherrera@bos.lacounty.gov (month. day, year) 2. Function or Event Information 31.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗌 Event Description: Herbie Hancock 22 Date(s) \_ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes No I Official's Name (Last, First) of agency official? Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or Other describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

(include address and description)	Passes		
YWCA Greater Los Angeles	40	Pursuant to Ticket Policy Sec. 5.3(i)	
1020 S. Olive St. Ste. 700 Los Angeles,9001		Eliminating Racism empowering women	
Verification			
I have read and understand FPPC Regulations 18944.  with the requirements.	.1 and 18942. I	have verified that the distribution set for	h above, is in accordance
My Herren Nancy Herren	a	Ticket Administrator	10/6/2022
Signature of Agency Head or Designee Pri	int Name	Title	(month, day, year)
Comment:	***************************************		+
Print C			